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ABSTRACT

The booklet presents feeding techniques for teachers and parents of handicapped and normal young children who can't or won't eat. Specific solutions are offered to various problem areas focusing on the eating and feeding processes. The first section covers three general problems: the child does not feed him or herself, the child does not drink from a cup, and the child has a poor appetite. The second section describes how eight specific handicapping conditions can interfere with eating or feeding. These include a weak sucking reflex, poor swallowing, opened mouth, closed mouth, tongue thrust, active gag reflex, active bite reflex, and undeveloped biting and chewing. (DLS)

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Teacher's Helper

A Handbook on Self-Care: Feeding

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SOURCES:

Serving deaf-blind children. Raleigh, North Carolina: South Atlantic Regional Center, June, 1979.

Zinkus, C. Feeding skill training. In M. A. Harvey-Smith (Ed.) Feeding the handicapped child. Memphis, Tennessee: The University of Tennessee.

Everyone should love to eat, but there are times, aside from being ill, when children simply won't. One of the most frustrating experiences teachers and parents face is when children spurn the wholesome food needed for healthy growth.

There are many reasons why a child may refuse to eat. If the situation lasts for several days and other symptoms are present, such as fever, lethargy, vomiting, or diarrhea, you should contact a doctor or nurse. Many times, it may seem that a child refuses to eat from spite. If teachers and parents mishandle this situation, a power struggle with no real winner may be the result.

The techniques mentioned in this booklet are easy to apply, but many should be used only after consultation with a physician or occupational/physical therapist. They should be used consistently and over an appropriate length of time.

This booklet is divided into two sections. The first covers three general problems: 1) the child does not feed him/herself; 2) the child does not drink from a cup; and 3) the child has a poor appetite. The second section describes how eight specific handicapping conditions can interfere with eating or feeding. These include a weak sucking reflex, poor swallowing, opened mouth, closed mouth, tongue thrust, active gag reflex, active bite reflex, and undeveloped biting and chewing.

INTRODUCTION

There are three major feeding problems:

1. The child will not feed him/herself.
2. The child will not drink from a cup.
3. The child has a poor appetite.

PROBLEM: The child will not feed him/herself.

RESULT: The child shows no interest in eating with his/her fingers or a spoon.

SOLUTION: Give the child freedom to attempt to feed him/herself and to make a mess. Just batten down the hatches, cover the floor, and let the child go at it. Mealtime should be enjoyable.

PROBLEM: The child will not feed him/herself.

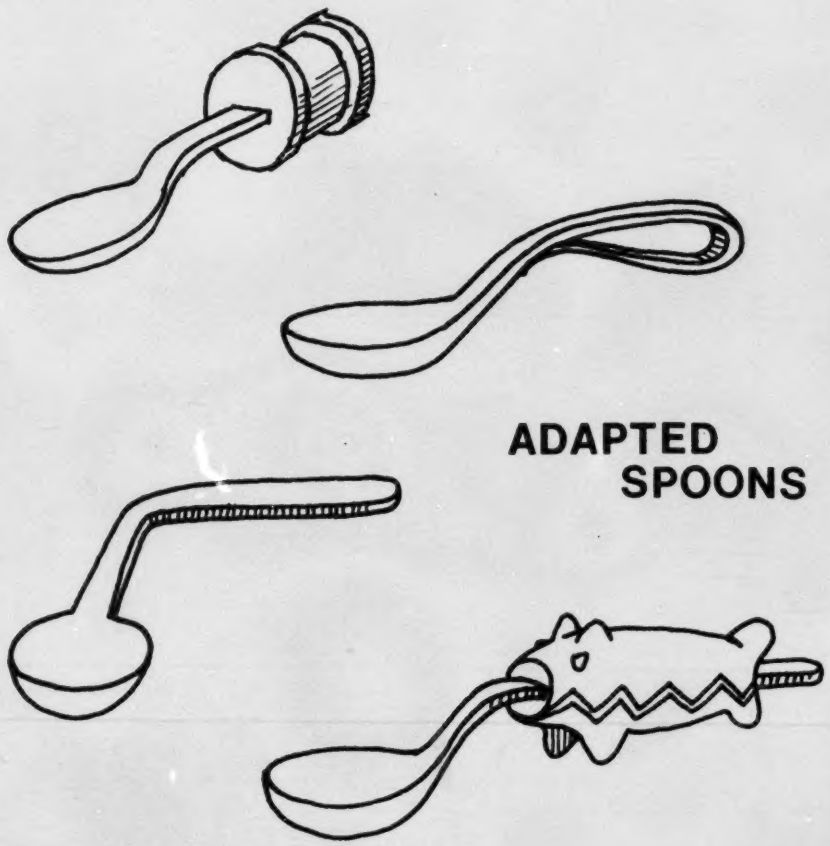
RESULT: The child shows no interest in feeding with his/her fingers or a spoon.

SOLUTION: Put the child's hands in food so that he/she can lick it off. You have the child under more control than in the previous solution, but the results may be just the same. By controlling the child more initially, you may build his/her idea that the environment can be controlled. This technique might be used at any opportunity, not only at mealtime.

PROBLEM: The child will not feed him/herself.

RESULT: The child will not grasp the spoon.

SOLUTION: Build up the spoon handle or try different types of spoons. Sometimes, spoons used for children are too small or large for them to handle. Spoons are available with elongated handles or bowls turned in, so that the child has a better chance of hitting the target.



ADAPTED SPOONS

PROBLEM: The child will not feed him/herself.

RESULT: The child drops the spoon and food or shows no hand-to-mouth motion.

SOLUTION: Direct the child in purposeful, assisted motions while standing behind him/her. Not only do you have complete control, but since you are out of the line of sight, you are not distracting the child. Because you are behind, you have a child's eye view. The most important thing to remember is that complete control is needed at first. So hold the child by the hand, scoop the food, and bring it all the way to and in his/her mouth. The next step is to bring the food almost to the mouth, let go, and allow the child to finish the movement. By holding the hand through less of the feeding motion, you allow the child to be successively more independent. Do not be discouraged if he/she misbehaves. You can always reintroduce more control, fading it out later.

PROBLEM: The child will not feed him/herself.

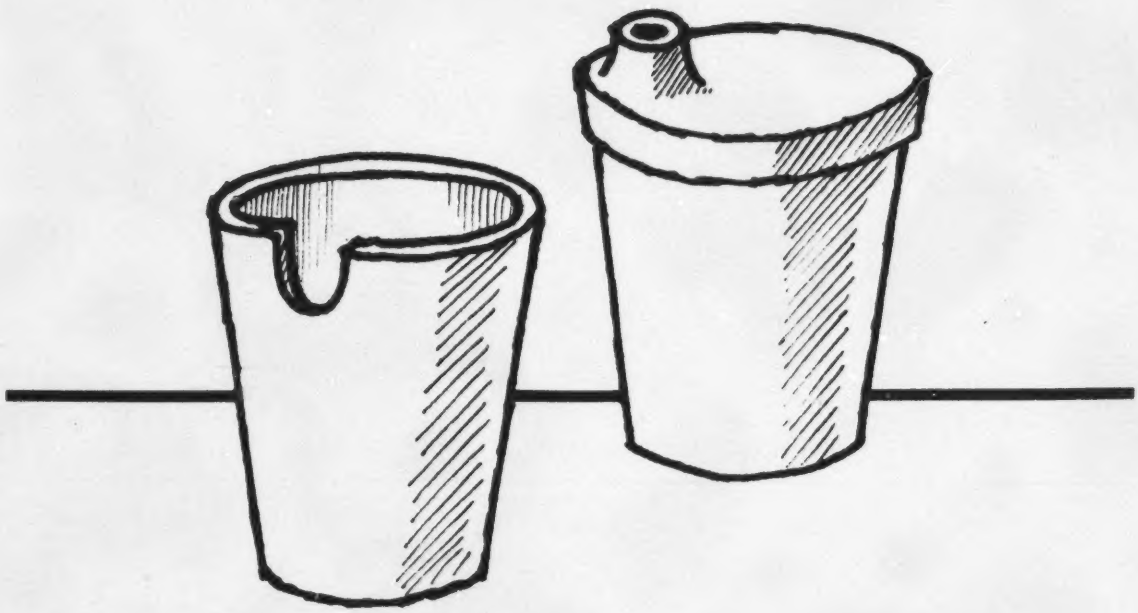
RESULT: The child demonstrates negative behavior.

SOLUTION: Set realistic goals and limits. Limits should be elastic enough to allow for the child's age, attention span, and specific handicap. Be consistent in your approach. If you try something new, stick with it a while. Do not let a little whining get you down. If you give in, the child may start to control your behavior which is not good for you or the child.

PROBLEM: The child will not drink from a cup.

RESULT: The child will not sip. Liquid runs out of the child's mouth.

SOLUTION: Obtain a cup with a spout which is long enough only for learning control. Do not offer the child either too much or too little to swallow. Teachers and parents should remember that a particular child is doing the swallowing. Some time should be spent in finding a proper-sized cup. This helps the child down the road to satisfaction and independence.



PROBLEM: The child will not drink from a cup.

RESULT: The child will not put his/her hands around the cup.

SOLUTION: Give the child an empty cup for bathtime play. This gives the child a chance to handle a cup on his/her own terms.

PROBLEM: The child will not drink from a cup.

RESULT: The child will not put his/her hands around the cup.

SOLUTION: Direct the child in purposeful, assisted motions while standing behind him/her. Use the same controlled techniques as in 'The child will not feed him/herself' on page 6.

PROBLEM: The child has a poor appetite.

RESULT: The child is a poor eater or refuses to eat.

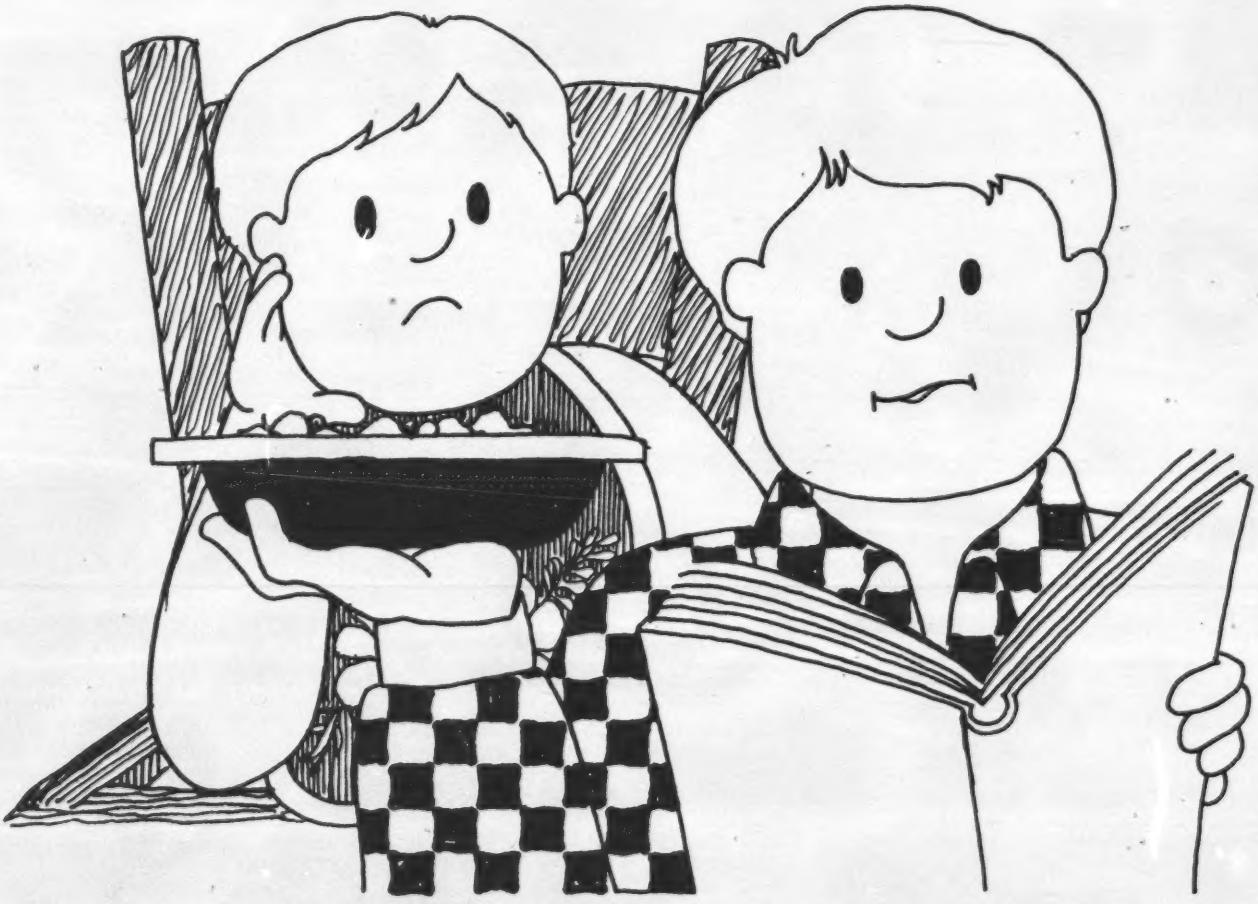
SOLUTION: Offer the child small servings of a variety of attractively arranged foods. Nothing can ruin a child's appetite more than:

- being given a heaping plateful ("I'll never get all that in me.")
- foods mixed together ("I think I'll eat a worm, at least I know what it is.")
- a plate of one type of food ("Any more starch, and I'll turn into an elbow macaroni.")

PROBLEM: The child has a poor appetite.

RESULT: The child is a poor eater or refuses to eat.

SOLUTION: Offer food matter-of-factly. Do not express or show worries that he/she is not eating. Children are sensitive and will pick up your anxiety.



PROBLEM: The child has a poor appetite.

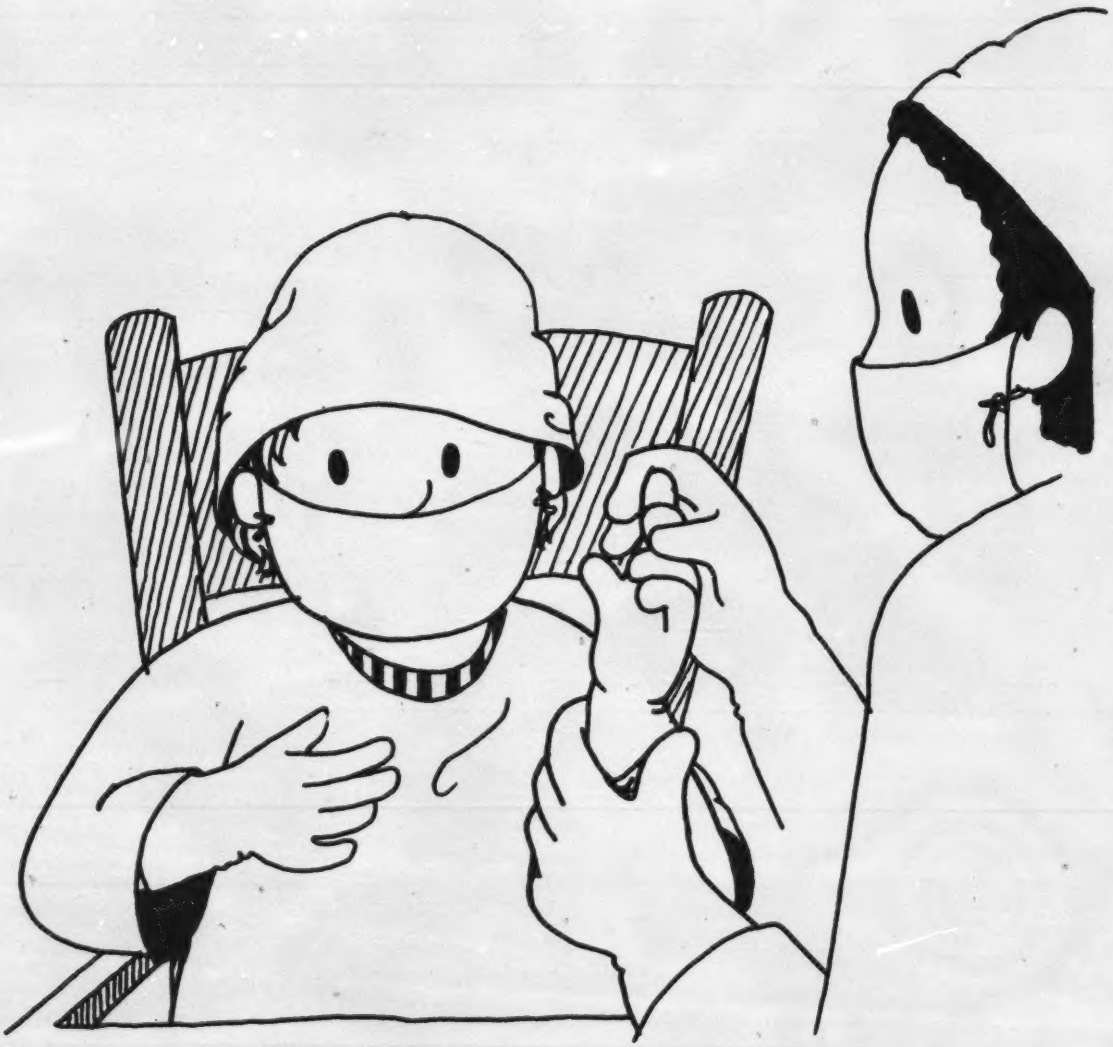
RESULT: The child is a poor eater or refuses to eat.

SOLUTION: Avoid making a poor eater the center of interest. A child is egocentric. Teachers and parents should not feed an ego while trying to feed a body. Try offering food before or after the class or family mealtime to remove a ready-made audience.

PROBLEM: The child has a poor appetite.

RESULT: The child is a poor eater or refuses to eat.

SOLUTION: Do not overemphasize cleanliness or table manners. You are teaching the child how to enjoy eating; you are not entering him/her in a beauty contest. Teachers and parents should arrange the eating environment so that a certain degree of sloppiness is tolerable. Battles over neatness and manners interfere with learning to enjoy food.



PROBLEM: The child has a poor appetite.

RESULT: The child is a poor eater or refuses to eat.

SOLUTION: Praise positive behavior and ignore undesirable behavior. This golden rule of behavior management is easier said than done. A child likes to be rewarded for good behavior, but sometimes he/she cannot tell the difference between what adults consider reward or punishment. For example, he/she may find it rewarding to gain your full attention whether you are praising or scolding. So ignore behavior you do not like, and it will probably disappear.

PROBLEM: The child has a poor appetite.

RESULT: The child is a poor eater or refuses to eat.

SOLUTION: Remove food when the child starts to play with it or drool. This is playing rough, but the child must learn that, while mealtime can be fun, it is not a playtime.

Specific Handicapping Conditions that Inhibit Eating

In the first section of this booklet, you learned how to deal with certain eating behavior problems. What if a child wants to eat but cannot because of some specific physical problem? Teachers and parents need a lot of help in this situation. An occupational/physical therapist or pediatrician should definitely be consulted.

Specific handicapping conditions which affect ability to eat:

- The child has a weak sucking reflex.
- The child does not swallow well.
- The child has a handicap resulting in an opened mouth.
- The child has a handicap resulting in a closed mouth.
- The child has a persistently strong tongue thrust.
- The child has an active gag reflex.
- The child has an active bite reflex.
- The child has underdeveloped biting and chewing motions.

Remember

In order for the child to benefit from any of the techniques mentioned in this section, the most basic technique, proper positioning, must be understood. Following are considerations for proper positioning for feeding/eating. (Please consult a pediatrician or physical/occupational therapist before attempting any of these activities.)

- Never feed a child who is in a prone position (lying on back).
- The child should be seated in a straight chair. A wheelchair with a lap-board or a cut-out table may be used for added support.
- The child should be taught to hold his/her head in a slightly downward position.
- Lap feeding is not a good position. This restricts both hands of the feeder.
- Keep in mind severity of handicap, associated handicaps, a child's fears, age, and social awareness in designing a feeding situation.

PROBLEM: The child has a weak sucking reflex.

RESULT: The child is able to suck only small amounts of fluids.

SOLUTION: Use a soft nipple for a child who does not have a naturally strong sucking reflex. Enlarge the hole in the nipple. The child will then be able to get enough food with less sucking pressure.

PROBLEM: The child has a weak sucking reflex.

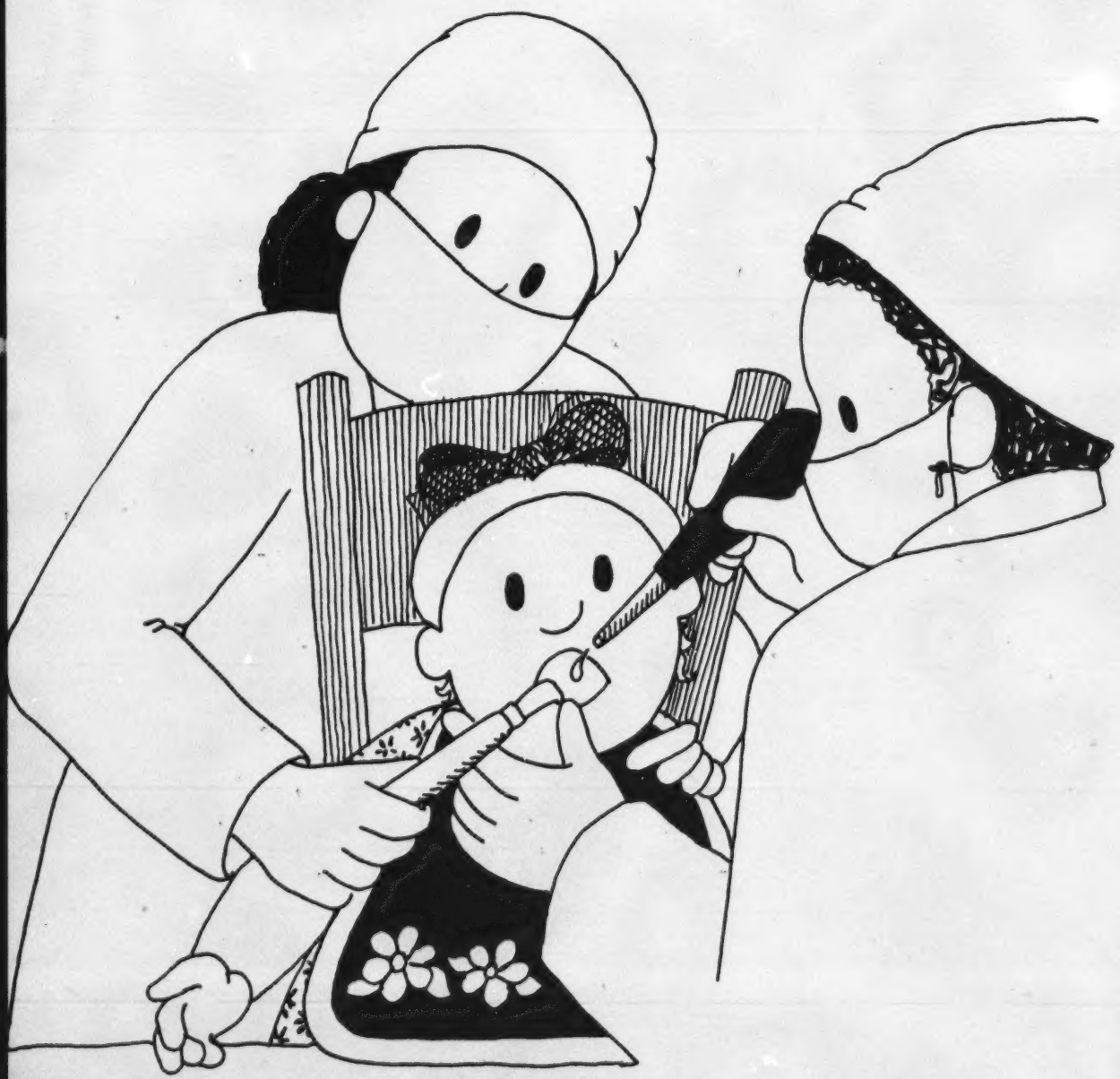
RESULT: The child tires easily during feeding.

SOLUTION: Present the child with frequent, small feedings.

PROBLEM: The child has a weak sucking reflex.

RESULT: The child swallows large amounts of air.

SOLUTION: Teachers and parents will have to use their imaginations to invent ways of getting small amounts of food in the child's mouth without adding a lot of air. You may use a medicine dropper, teaspoon, straw, sponge, specialized syringe, or specialized nipple to feed the child. For the child's sake, talk to a pediatrician or occupational therapist for an opinion on which devices may be used and ideas on how to use them.



PROBLEM: The child does not swallow well.

RESULT: The child cannot retain food in his/her mouth.

SOLUTION: Experiment with food consistency. By making food a little thicker, such as by adding pre-cooked cereal to it, you may be helping the child to learn to swallow more easily. The food will not run around inside the mouth but will be more concentrated.

PROBLEM: The child does not swallow well.

RESULT: The child cannot retain food in his/her mouth.

SOLUTION: Pace feeding to the child's ability to swallow. Sometimes it may take a little longer for mealtime. More patience on your part may produce satisfactory results.

PROBLEM: The child does not swallow well.

RESULT: The child cannot retain food in his/her mouth.

SOLUTION: Place the food at the back center of the child's tongue. Hold the child's lips gently closed.

PROBLEM: The child does not swallow well.

RESULT: The child cannot retain food in his/her mouth.

SOLUTION: In order to assist swallowing, stroke the child's throat downward from just below the chin to the chest. Remember two things: make sure the child is in an upright position and let the child do as much for him/herself as possible.

PROBLEM: The child has a handicap resulting in an opened mouth.

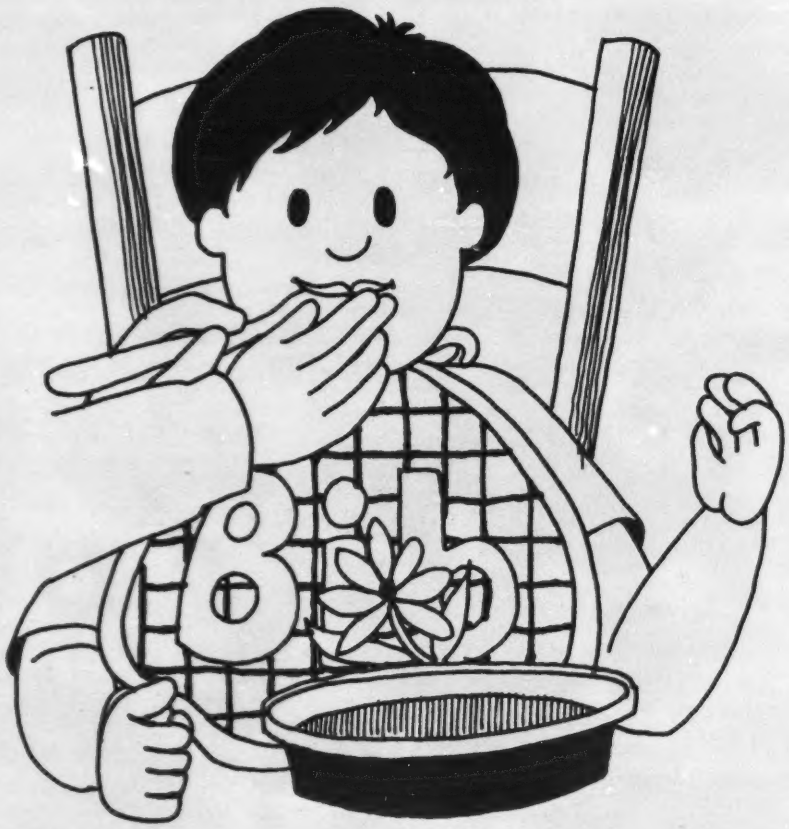
RESULT: The child does not close his/her mouth around the bottle or spoon.

SOLUTION: Place spoon on midtongue and press down gently. The previous solution for 'Does not swallow well,' page 24 will work here too.

PROBLEM: The child has a handicap resulting in an opened mouth.

RESULT: Food is raked off against the child's teeth or gums instead of the lips.

SOLUTION: Bring the child's lips together around the spoon with your fingers. Nothing is so unpleasant for a child as having an adult use his/her teeth as a food rake. It also does not teach the child to use his/her lips to remove food from a spoon.



PROBLEM: The child has a handicap resulting in a closed mouth.

RESULT: There is difficulty in getting a spoon or nipple into the child's mouth.

SOLUTION: Lightly stroke the child's lips and the area around them with a spoon, nipple, or finger. Remember that a child may not be hungry when you think he/she is. Never force food into the child's mouth. It is better to try a little later. By that time, the child may be hungry.

PROBLEM: The child has a persistently strong tongue thrust.

RESULT: The child thrusts food from his/her mouth.

SOLUTION: Place solids well back on the child's tongue and to the sides of the mouth. That is easier said than done if the child has a severe tongue thrust. Do not scold or lose patience. He/she is probably very hungry and is doing the best he/she can. The following techniques may be helpful for teachers and parents. Also, please count on a pediatrician or physical/occupational therapist for help.

- Place food between the middle and tip of the tongue with a gentle, downward pressure.
- For frequent tongue thrusting, gently press a tongue depressor under the tongue.
- Try this before-mealtime exercise: slowly "walk" a tongue depressor or spoon on tongue, starting from the tip to the back. Hold the tongue down momentarily at the back before releasing. Repeat about six times.
- Place peanut-butter or another sticky, good-tasting food on the roof of the mouth or on the insides of the cheeks, and have the child reach for it with his/her tongue.
- Dip a tongue depressor in peanut butter or honey. Hold it a short distance in front of the child's mouth and have him/her reach for it with his/her tongue. Be wary, however, of the overuse of sweet foods.
- Make a game of having the child try to touch tongue to nose.

PROBLEM: The child has an active gag reflex.

RESULT: The child gags or chokes during feeding.

SOLUTION: Feed the child in an upright position.

PROBLEM: The child has an active bite reflex.

RESULT: The child bites hard on food, utensils, or fingers.

SOLUTION: Use the proper utensils and desensitize the area around the child's mouth. Teachers and parents could cause a child with this exaggerated reflex to lose a tooth by using the wrong utensils. Plastic-coated spoons and forks should be used with this handicap. A desensitizing exercise before mealtime is a gentle finger massage of the mouth, lips, and gums for about five minutes. This may relax the mouth area.

PROBLEM: The child has underdeveloped biting and chewing motions.

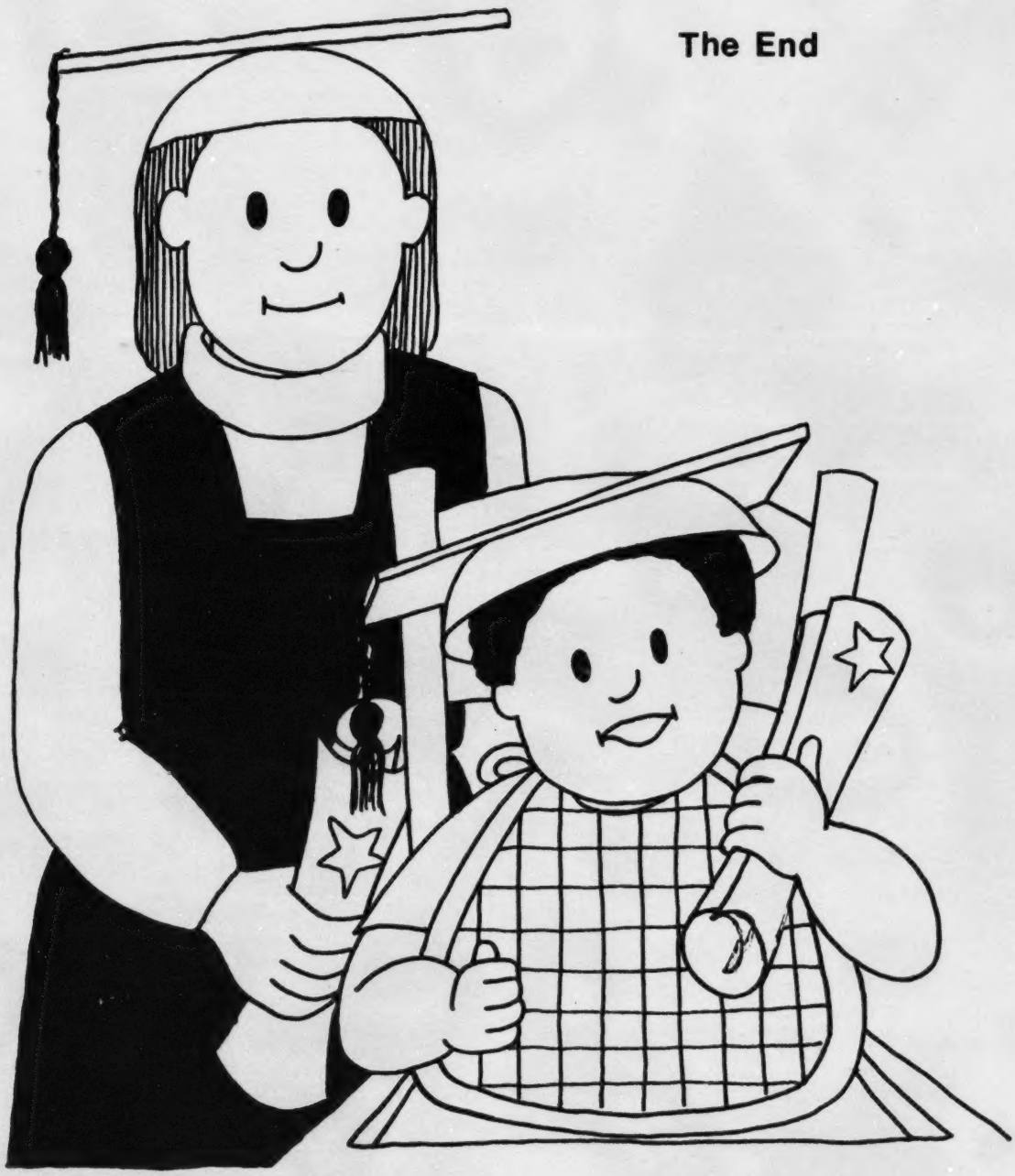
RESULT: The child will not chew.

SOLUTION: Some activities which may aid development of biting/chewing motions are:

- Always encourage the child to chew before he/she swallows.
- Place the food on the middle of the tongue with a slight downward pressure of the spoon to help stimulate chewing.
- Use a verbal command, such as "open" when offering a spoonful.
- Never place the entire spoon inside the dental arch.
- If necessary, hold the child's lips together while he/she chews.
- Gently tap the child under the chin to produce reflex mouth closure.
- Press down on the chin to help the mouth close.
- Move the child's jaw up and down.
- Press back on the chin and firmly rub the cheeks at the back of the jaw to stimulate chewing.
- Modeling chewing movements may prove helpful.
- Feed the child by offering food alternately from right to left sides to strengthen chewing.
- Do not wipe the child's mouth after each mouthful. This may distract him/her and interfere with chewing and swallowing.

Any of the techniques described here may help a handicapped child become an enthusiastic, independent eater. But remember, seek expert advice before you try to deal with any serious types of feeding problems. The bibliography on the following pages also lists some books and articles which may help you.

The End



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